



Tier II Assessment Plan Underground Storage Tank Program

UST Permit #: County: Facility Name:
Facility Address: City: State: Zipcode:
Responsible Party: Address:
City: State: Zipcode:
No. USTs: Removed? Replaced?
Current use of facility/property: (date: MM/DD/YYYY) (date: MM/DD/YYYY)

Current property owner name: Address:
City: State: Zipcode:

Field Screening Methodology

Specify the field screening methodology to be used. The use of field screening methods to optimize the number and location of permanent wells is required.

Permanent Monitoring Wells (estimate number and total completed depth)

of shallow wells: Total depth:
of deep wells: Total depth:
Comments, if warranted:

Analyses

List the analytical parameters (e.g., BTEX, MTBE) and estimated number.

Implementation Schedule (Use MM/DD/YYYY format - Example 01/23/2004)

Start up date: (MM/DD/YYYY) Completion date: (MM/DD/YYYY)
Report submittal date: (MM/DD/YYYY)

UST Permit #:

Facility Name:

Site Maps

1. Attach a copy of the relevant portion of the USGS topographic map showing the site location.
2. Prepare a site base map. This map must be accurately scaled, but does not need to be surveyed. The map must include the following:

North arrow	Legend with facility name and address, UST Permit number, date, and a bar scale
Location of property lines	Streets or highways (indicate names and numbers)
Location of buildings	Identification of located buildings
Paved areas on or adjacent to site	Location of all present and former ASTs and USTs
Previous soil sampling locations	Underground and above ground utilities on or adjacent to site
Previous monitoring well locations	Location of any other potential receptor

Aquifer Characterization

Pump test: Slug tests: (check one and provide explanation for choice)

Small Volume Disposal Type and Method

Soil:

Purge water:

Additional comments: